

Foster Family Home - Corrective Action Report

Provider ID: 1-110056

Home Name: Menchie Dawang, CNA

Review ID: 1-110056-11

91-739 Poloula Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/8/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed re-certification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RW
Compliance Manager

[Signature]
Primary Care Giver

1/6/2020
Date

1/6/2020
Date